

REPORT OF MEDICAL EXAMINATION

1. LAST NAME --FIRST NAME -- MIDDLE NAME				2. GRADE AND COMPONENT OR POSITION CIVILIAN		3. IDENTIFICATION NO.	
4. HOME ADDRESS (Number, Street or RFD, City or Town, State and ZIP Code)				5. PURPOSE OF EXAMINATION ENLISTMENT COMMISSION ARMY NAVY AIR FORCE MARINE CORPS COAST GUARD RESERVE NATIONAL GUARD		6. DATE OF EXAMINATION	
7. SEX		8. RACE: (WHITE) (BLACK) (AMERICAN INDIAN) (ASIAN) (OTHER/UNKNOWN)		9. TOTAL YEARS GOVERNMENT SERVICE		10. AGENCY	
				MILITARY CIVILIAN		11. ORGANIZATION UNIT	
12. DATE OF BIRTH		AGE		13. PLACE OF BIRTH		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN	
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS				16. OTHER INFORMATION			
17. RATING OR SPECIALTY				TIME IN THIS CAPACITY (Total)		LAST SIX MONTHS	

CLINICAL EVALUATION		
NORMAL	(Check each item in appropriate column. Enter "NE" if not evaluated.)	ABNORMAL
	18. HEAD, FACE, NECK AND SCALP	
	19. NOSE	
	20. SINUSES	
	21. MOUTH AND THROAT	
	22. EARS - GENERAL (Int & ext. canals)(Auditory acuity under items 70 and 71)	
	23. DRUMS (Perforation)	
	24. EYES - GENERAL (Visual acuity and refraction under items 59, 60 and 67)	
	25. OPHTHALMOSCOPIC	
	26. PUPILS (Equality and reaction)	
	27. OCULAR MOTILITY (Associated parallel movements, nystagmus)	
	28. LUNGS AND CHEST (Include breasts)	
	29. HEART (Thrust, size, rhythm, sounds)	
	30. VASCULAR SYSTEM (Varicosities, etc.)	
	31. ABDOMEN AND VISCERA (Include hernia)	
	32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostrate, if indicated)	
	33. ENDOCRINE SYSTEM	
	34. G-U SYSTEM	
	35. UPPER EXTREMITIES (Strength, range of motion)	
	36. FEET	
	37. LOWER EXTREMITIES (Except feet)(Strength, range of motion)	
	38. SPINE, OTHER MUSCULOSKELETAL	
	39. IDENTIFYING BOBYMARKS, SCARS, TATTOOS	
	40. SKIN, LYMPHATICS	
	41. NEUROLOGIC (Equilibrium tests under item 72)	
	42. PSYCHIATRIC (Specify any personality deviation)	
	43. PELVIC (Females only) (Check how done)	
	<input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL	

NOTES: (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

NORMAL ARCH

PES CAVUS

#36 FEET

mild

moderate

severe

asymptomatic

symptomatic

PES PLANUS

50. OTHER TESTS (Cont'd)	PLACE FIRST SPECIMEN ID LABEL HERE		PLACE SECOND SPECIMEN ID LABEL HERE	
	FIRST TEST		SECOND TEST	
	RESULTS	CODE	RESULTS	CODE
	HIV			
DRUGS				
ALCOHOL				

(Continue in item 73)

44. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)																REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES  ACCEPTABLE NOT ACCEPTABLE  (DENTAL EXAMINATION NOT DONE BY DENTAL OFFICER)			
<div><div><div>0</div><div>1 2 3</div><div>Restorable teeth</div></div><div><div>1 2 3</div><div>Non-Restorable teeth</div></div><div><div>X</div><div>Missing teeth</div></div><div><div>X X X</div><div>Replaced by dentures</div></div><div><div>( X )</div><div>Fixed partial dentures</div></div></div>																			
<div><div>R I G H T</div><div>0</div><div>1 2 2</div><div>4 5 6</div><div>7 8</div><div>9</div><div>10 11 12</div><div>13 14 15 16</div></div>																			
<div><div>32 31 30</div><div>29 28 27 26 25</div><div>24 23 22 21 20 19 18 17</div></div>																			

LABORATORY FINDINGS			
45. URINALYSIS: A. SPECIFIC GRAVITY		46. CHEST X-RAY (Place, date, film number and result)	
B. ALBUMIN-REAGENT STRIP		PLACE AS IN ITEM 15	
C. SUGAR-REAGENT STRIP		FILM NO. _____	
47. SEROLOGY (Specify test used and result)		DATE _____	
RPR _____		RESULT _____	
48. EKG		50. OTHER TESTS	
49. BLOOD TYPE AND RH FACTOR		HIV ANTIBODY: ELISA _____ WESTERN BLOT _____	
		URINE HCG: _____	

NAME:				MEASUREMENTS AND OTHER FINDINGS				SSN:																			
51. HEIGHT		52. WEIGHT		53. COLOR HAIR		54. COLOR EYES		55. BUILD: <div><input type="checkbox"/> SLENDER    <input type="checkbox"/> MEDIUM    <input type="checkbox"/> HEAVY    <input type="checkbox"/> OBESE</div>			56. TEMPERATURE																
											HIV AB CODE:																
BLOOD PRESSURE (Arm at heart level)						PULSE (Arm at heart level)																					
A. SITTING		SYS.	DIAS.	B. RECUM-BENT		SYS.	DIAS.	C. STANDING (3 min)		SYS.	DIAS.	A. SITTING		B. AFTER EXERCISE		C. 2 MIN. AFTER		D. RECUMBENT		E. AFTER STANDING 3 MIN.							
59. DISTANT VISION				60. REFRACTION				61. NEAR VISION																			
RIGHT 20/		CORR. TO 20/		BY		S.		CX		CORR. TO		BY															
LEFT 20/		CORR. TO 20/		BY		S.		CX		CORR. TO		BY															
62. HETEROPHORIA (Specify distance)																											
ES 0		EX 0		R.H.		L.H.		PRISM DIV.		PRISM CONV. CT		PC		PD													
63. ACCOMMODATION				64. COLOR VISION (Test used and result)				65. DEPTH PERCEPTION (Test used and score) AFVT				UNCORRECTED															
RIGHT		LEFT		PIP _____ /14								CORRECTED															
66. FIELD OF VISION				67. NIGHT VISION (Test used and score)				68. RED LENS TEST				69. INTRAOCULAR TENSION															
70. HEARING				71. AUDIOMETER ANSI-69						72. PSYCHOLOGICAL AND PSYCHOMOTOR FOR MEPS USE ONLY																	
RIGHT WV		/15 SV		/15			250	500	1000	2000	3000	4000	6000	8000	WK	ST	DATE	INITIALS									
							256	512	1024	2046	2896	4096	6144	8192													
LEFT WV		/15 SV		/15																							
73. NOTES (continued) AND SIGNIFICANT OR INTERVAL HISTORY ITEM 64:  RED/GREEN (ARMY ONLY) _____						PHYSICAL INSPECTION DATE		HT		WT		RPR		HCG		QUAL		DISQ		PHYSICIAN'S SIGNATURE							
(Use additional sheets if necessary)																											
														MAX:													
74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)														THIS EXAMINATION HAS BEEN ADMINISTRATIVELY REVIEWED FOR COMPLETENESS AND ACCURACY													
														SIGNATURE                      GRADE                      DATE													
75. RECOMMENDATIONS - FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)														76. A. PHYSICAL PROFILE													
														P		U		L		H		E		S			
77. EXAMINEE (Check)  A. <input type="checkbox"/> IS QUALIFIED FOR                      SERVICE AS IN ITEM 5 B. <input type="checkbox"/> IS NOT QUALIFIED FOR                      _____  SIGNATURE                      DATE														APPLICANT HAS BEEN ADVISED OF HIS/HER DISQUALIFYING CONDITION										B. PHYSICAL CATEGORY		X	
78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER														A		B		C		E							
79. TYPED OR PRINTED NAME OF PHYSICIAN														SIGNATURE													
80. TYPED OR PRINTED NAME OF PHYSICIAN														SIGNATURE													
81. TYPED OR PRINTED NAME OF DENTIST OF PHYSICIAN (Indicate which)														SIGNATURE													
82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY														SIGNATURE										NUMBER OF AT-TACHED SHEETS			

STANDARD FORM 88 (BACK)